

MAR 14 2005

PTO/SB/83 (09-04)

Approved for use through 11/30/2005. OMB 0651-0035

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**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
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Application Number	10/088,655
Filing Date	Sept. 22, 1999
First Named Inventor	
Art Unit	
Examiner Name	
Attorney Docket Number	800204531-4

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Approved 7/19/05
Imstone
Jacqueline M. Stone, Director
Technology Center 1700

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record.
- ☒ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☐ the attorneys/agents associated with Customer Number

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

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26,723

Date

Telephone No.

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NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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